

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P10000074252

**FILED**  
**Apr 29, 2011**  
**Secretary of State**

**Entity Name:** HIGHLANDS SCHOOL OF GOLF INC

**Current Principal Place of Business:**

131 S SUN N LAKES BLVD  
LAKE PLACID, FL 33852 US

**New Principal Place of Business:**

**Current Mailing Address:**

131 S SUN N LAKES BLVD  
LAKE PLACID, FL 33852 US

**New Mailing Address:**

**FEI Number:** 27-3438562      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

LAROSE, ROBERT  
305 S SUN N LAKES BLVD  
LAKE PLACID, FL 33852 US

**Name and Address of New Registered Agent:**

LAROSE, CHRISTINA  
305 S SUN N LAKES BLVD  
LAKE PLACID, FL 33852 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: CHRISTINA LAROSE

04/29/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: LAROSE, ROBERT  
Address: 305 S SUN N LAKES BLVD  
City-St-Zip: LAKE PLACID, FL 33852 US

Title: VP  
Name: LAROSE, CHRISTINA  
Address: 305 S SUN N LAKES BLVD  
City-St-Zip: LAKE PLACID, FL 33852 US

Title: T  
Name: SKRYPNYK, STEVE  
Address: 305 S SUN N LAKES BLVD  
City-St-Zip: LAKE PLACID, FL 33852 US

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: CHRISTINA LAROSE

VP

04/29/2011

Electronic Signature of Signing Officer or Director

Date